

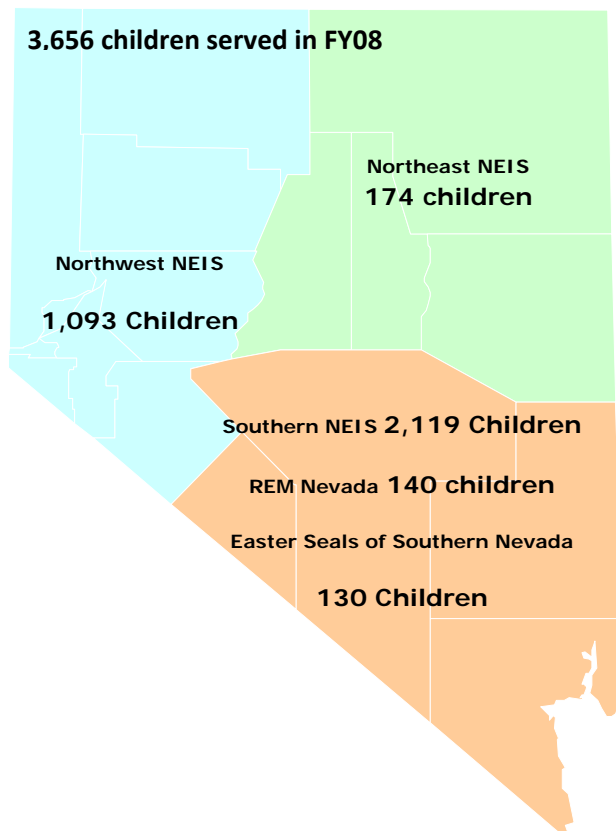
EARLY INTERVENTION SERVICES FOR CHILDREN

UNDER THE AGE OF THREE WITH DISABILITIES

INTRODUCTION

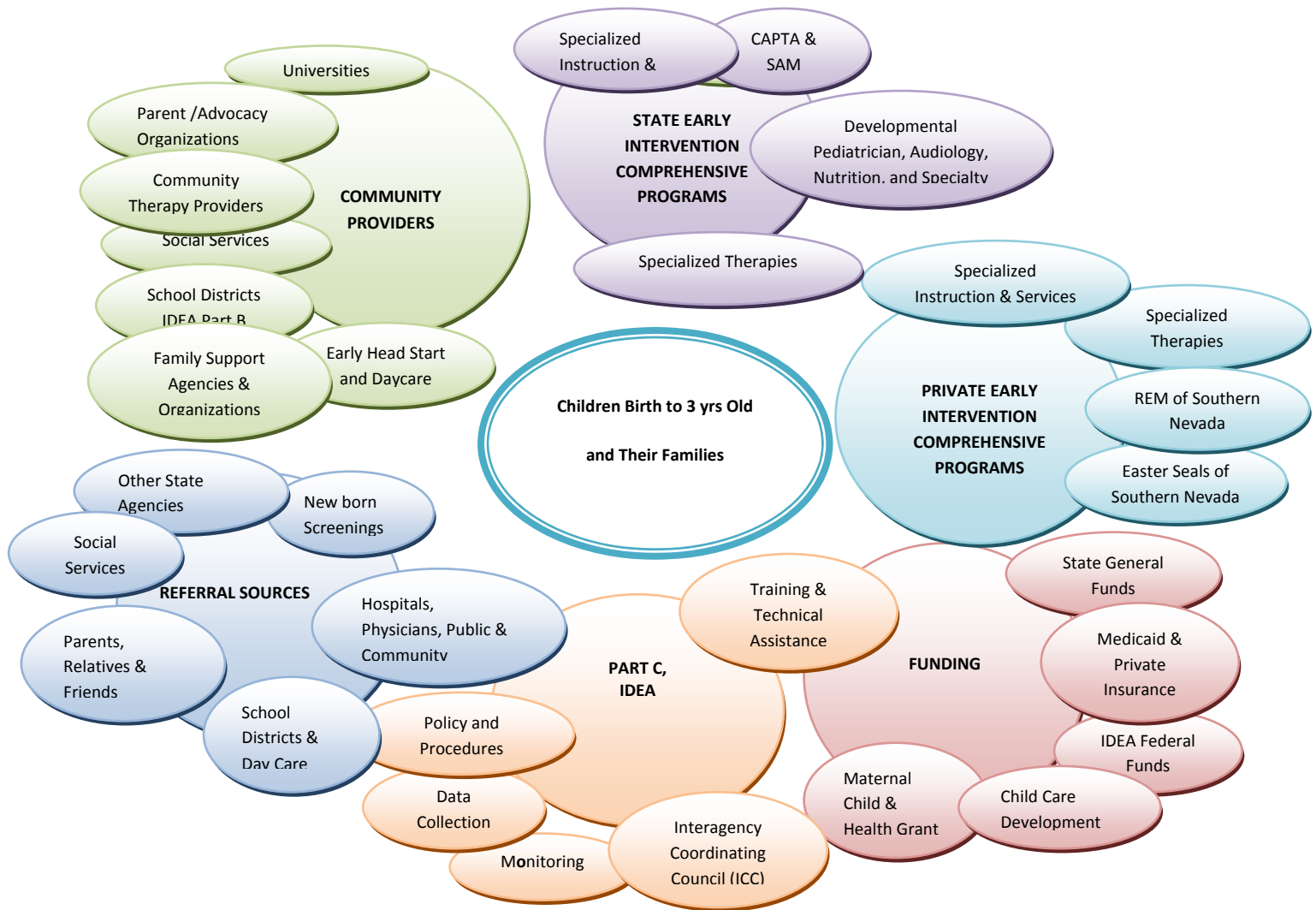
With regional sites in Las Vegas, Reno, Carson City, Elko, and Ely, the Bureau of Early Intervention Services provides services as, listed below, for children under the age of three with developmental delays. In addition, REM Nevada and Easter Seals of Southern Nevada are contracted to provide Part C, Early Intervention services in the southern region. The following programs are provided:

- **Part C Early Intervention Program** – Services include service coordination, occupational, physical and speech therapies, vision and hearing services, nutritional services, specialized instruction, parent support, training and counseling, interpreting services and pediatric diagnostic services. Services are voluntary and at no cost to parents. With parent permission, private insurance may be used to assist with service costs. Children are entitled to these services under Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446).
- **Screening and Monitoring Program** – Follow-up services to help determine if a child is playing, talking, growing, and moving like other children the same age.
- **Specialty Clinics** – are held for children with genetic, metabolic, and cleft palate/craniofacial disorders.
- **Hearing Screening Program** – available for any child under the age of three who may have a hearing concern and/or a hospital or physician has recommended a follow-up hearing test.



## EARLY INTERVENTION SYSTEMS

The following chart depicts the multiple systems that interface and interrelate with the provision of early intervention services for children with developmental delays under the age of three and their families. The major system components are: referral sources, community providers, state early intervention comprehensive programs, private early intervention comprehensive programs, funding revenue streams and the Part C, IDEA Office.



## **INVESTMENTS IN EARLY INTERVENTION SERVICES**

### Funding Streams to Pay for Early Intervention Services

State Fiscal Year	*Federal Fund	State General Fund	**Third Party Revenue	Total Revenue	Total Children Served
2009	\$4,229,447	\$15,857,118	\$623,376	\$20,709,971	
2008	\$5,005,301	\$14,606,450	\$1,006,136	\$20,617,887	3,656
2007	\$5,464,794	\$13,934,992	\$798,107	\$20,197,893	3,058
2006	\$3,648,491	\$12,184,547	\$705,612	\$16,538,650	2,515
2005	\$4,297,243	\$8,204,072	***\$1,602,454	\$14,103,769	2,423
2004	\$4,107,386	\$7,303,829	\$660,356	\$12,134,571	2,051

\*Federal Funds include Individuals with Disabilities Education Act, Maternal Child Health, and Child Care Development Funds

\*\*Third Party Revenue Includes Medicaid, Private Insurance (Private Insurance is only billed with parent permission).

\*\*\* In SFY05 only, early intervention programs also received TANF funds; the third party revenue of \$1,602,454 includes \$905,573 of TANF dollars.

For SFY 08 and 09, the legislative approved amount of third party revenue is \$623,376 per year. In SFY 08, through increased billing efficiencies at the regional level, actual deposits from third party revenue sources was \$1,006,136.

## **BENEFITS**

Young children have 1,095 days between birth and their third birthday to benefit from early intervention services. With significant scientific breakthroughs in the last two decades, these first three years mark an explosive period of cognitive, social and emotional growth for children during which over 90 percent of their brain development occurs. It is now clear that the effectiveness of many public investments is determined by how well Nevada's children are nurtured and develop during this period. There is a growing body of program evaluations that shows that evidence-based early childhood programs that includes a family training component can generate government savings that more than repay their costs and produce returns to society that outpace both public and private investments. These monetary savings include reduced child costs to public health care and social welfare programs, lower costs to special education and criminal justice systems and reduced child maltreatment.

The long term impact of early intervention has been demonstrated in terms of human and financial resources.

- Children who receive early intervention are less likely to be retained in a grade throughout the school years.
- Children who receive early intervention attain higher achievement test scores and are committed to school.
- Children who receive early intervention are less likely to show delinquent behavior outside of school or to get into legal trouble later in life.
- Children who receive early intervention are more likely to grow up and complete high school, obtain gainful employment, pay taxes and not be dependent on welfare or unemployment compensation.

*(Oden, Schweinhart & Weikart, 2000; Schweinhart & Weikart, 1980; Weber, Foster, & Weikart, 1978.)*

## PERFORMANCE INVESTMENTS

### December 1 Federal Count – Number of Children with an Active Individualized Family Service Plan

The U.S. Department of Education, Office of Special Education Programs (OSEP) under the Part C of the Individuals with Disabilities Education Act (IDEA) requires states to collect and report an unduplicated count of children receiving services with an Individualized Family Service Plan (IFSP) on the same date each year, Nevada has chosen to use December 1. Overall the increase from December 1, 2003 to December 1, 2008 is 120.6%.

*December 1, 2003	December 1, 2004	December 1, 2005	December 1, 2006	December 1, 2007	December 1, 2008
930	1,308	1,417	1,520	1,986	2,052
% Increase/Decrease	+40.6	+8.33	+7.3	+30.7	+3.3%

\*December 1, 2003 was prior to the establishment of the Bureau of Early Intervention Services

### National States Rankings

Nevada ranked 47<sup>th</sup> of 56 states and territories in the percent of infants and toddlers served on December 1, 2007. In December, 2005, Nevada was ranked 54<sup>th</sup> of 56 states and territories.

### Number of Referrals by Program and State Fiscal Year

All early intervention programs are required to conduct child find and public awareness activities. Those reoccurring activities have generated referrals over the past five years of 13,969 children and families; this is an unduplicated count. In comparing the number of referrals from SFY04 to SFY08, the referral rate has increased by 92.6%.

	SFY04	SFY05	SFY06	SFY07	SFY08
Southern Nevada Early Intervention Services	1,336	1,369	1,310	2,128	2,339
Northwestern Nevada Early Intervention Services *Includes Northeastern Region	*830	*804	796	1,214	1,273
Northeastern Nevada Early Intervention Services	--	--	215	154	162
Easter Seals of Southern Nevada	--	--	--	161	171
REM Nevada	--	--	--	128	227
STATEWIDE TOTAL	2,166	2,173	2,321	3,785	4,172
Percent Increase/Decrease	---	+3.2%	+6.8%	+63.1%	+10.2%

### Where were children referred from?

Referrals are primarily from parents, physicians, social service agencies and hospitals from Nevada's 17 counties. Clark and Washoe Counties contain the largest birth to three populations at 75% and 15%, with 10% of the birth to three population in the rural counties. In SFY 2008, 3,656 children were eligible and had an Individualized Family Service Plan (IFSP).

	Nevada's 2008 Birth to Three Population Projections	Number of Children Referred in State Fiscal Year 2008	Number of Children with an IFSP During State Fiscal Year 2008
Carson City	2,199	118	72
Churchill	1,215	83	49
Clark	94,378	2693	2351
Douglas	1,254	47	28
Elko	1,993	97	114
Esmeralda	31	0	2
Eureka	58	0	1
Humboldt	780	26	24
Lander	167	4	4
Lincoln	131	1	0
Lyon	2,067	92	79
Mineral	159	1	3
Nye	1,485	45	37
Pershing	226	5	9
Storey	73	0	1
Washoe	19,120	932	861
White Pine	293	28	21
Statewide Total	125,629	4,172	3,656

### Why were children eligible?

In Nevada, a child must be under the age of three and have a minimum of a 50% delay in one developmental area or 25% delay in two of the following developmental areas: cognitive development, social or emotional development, physical development, including vision and hearing; communication, or adaptive development. A child may also be eligible for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

In FY 08, there were 1,861 new children made eligible for services:

- 760 of children had a 50% delay in one area of development
- 435 of children had 25% delays in two areas of development
- 101 of children had significant developmental delay according to informed clinical opinion
- 565 of children had a diagnosed medical condition likely to result in developmental delay

Compared to other states, Nevada's 50% delay in one area or 25% in two areas is already considered restrictive for Part C, IDEA eligibility. Because the state of Nevada is facing severe budget cuts, the eligibility criteria is being revisited by Nevada's Early Intervention Interagency Coordinating Council and Department of Health and Human Services to further restrict eligibility. A stricter eligibility definition will reduce the number of children who will be eligible for Part C services. For example, eliminating the 25% delay in two areas would exclude 435 children from Part C, IDEA services.

**Number of Children found Eligible with an IFSP by Program and State Fiscal Year**

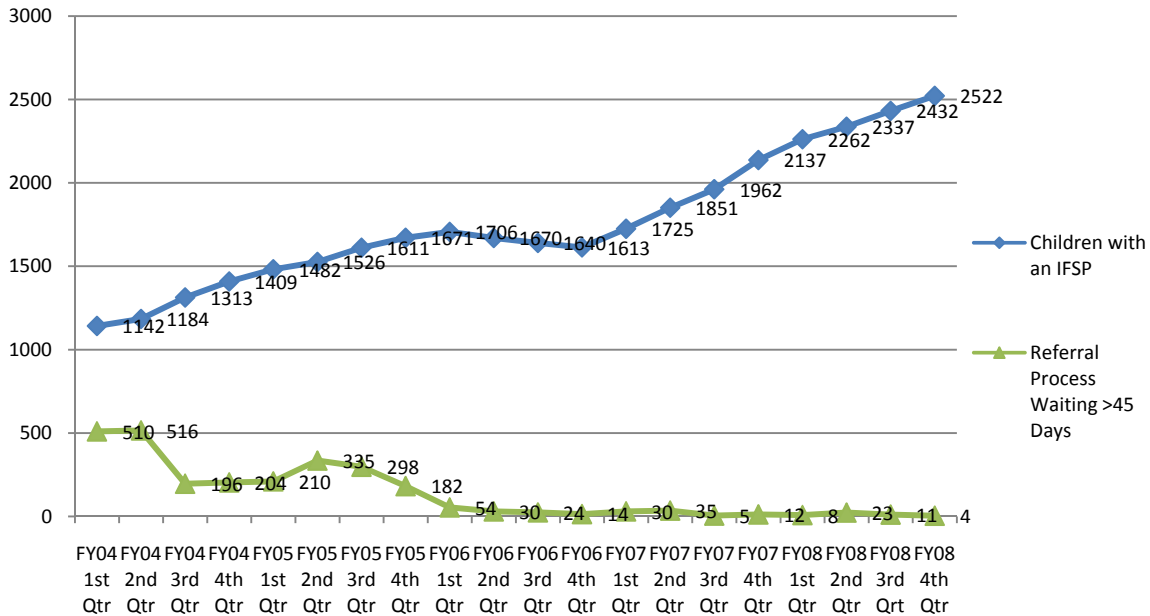
The number of unduplicated children found eligible with an IFSP has steadily increased since State Fiscal Year 2004. From July 1, 2003 through June 30, 2008 (SFY04 – SFY08) the number of unduplicated children found eligible with an IFSP was 8,108. From SFY04 – SFY08 there has been an overall increase of 78.3%.

	SFY04	SFY05	SFY06	SFY07	SFY08
Southern Nevada Early Intervention Services	1,216	1,488	1,539	1,781	2,119
Northwestern Nevada Early Intervention Services *Includes Northeastern Region	*835	*935	773	1,001	1,093
Northeastern Nevada Early Intervention Services	--	--	203	171	174
Easter Seals of Southern Nevada	--	--	--	64	130
REM Nevada	--	--	--	41	140
STATEWIDE	2,051	2,423	2,515	3,058	3,656
Percent Increase/Decrease	---	+18.1%	+3.8%	+21.6%	+19.6%

### **Number of Children with Eligibility and IFSPs Completed within 45 Days**

On July 1, 2003, when the Bureau was established there were 758 children statewide in the referral process, of those 510 had been waiting over 45 days. The early intervention programs have made significant progress in meeting the 45 day timeline for completing evaluations and developing IFSPs as demonstrated in the following table.

Following is a chart that shows the progress in the 45 day timeline by child count.



### **EFFICIENCIES:**

A number of workgroups have convened statewide to assure that the Early Intervention programs and community partners are running as efficiently and effectively as possible. Work groups are collaborating on the following topics:

- Partnering with community providers throughout the state by building partnerships in the Northern region and expanding our existing partnerships in the South.
- Working collaboratively at modifying our intake and evaluation processes to make it as streamline and efficient as possible therefore using our resources to the best of our abilities.
- Developing new procedures to ensure children with possible Autism receive early screening and diagnosis.
- Balancing workflow between natural environment and a more traditional medical model of a clinic setting.
- Consistent billing procedures with the use of an electronic scheduling and billing system statewide.

### **FAMILY SURVEY RESULTS**

The Early Intervention Family Survey project is a collaborative effort of the Part C office and the Nevada University Center for Excellence in Developmental Disabilities (NvUCED). The statewide family survey gathers responses that measure family's satisfaction with their early intervention services in Nevada. The areas of particular interest are if respondents receive their parent rights and know how to use them, are able to effectively communicate their child's

needs, are able to assist their child in developing and learning, feel valued and part of their child's team, can access community resources, and receive timely services. A total of 335 surveys were returned, yielding a rate of 23%.

Ninety-two percent (92%) of parents reported that they received the service and support they needed to help meet their child's developmental needs in FFY 2007. The State target for this indicator was 88%.

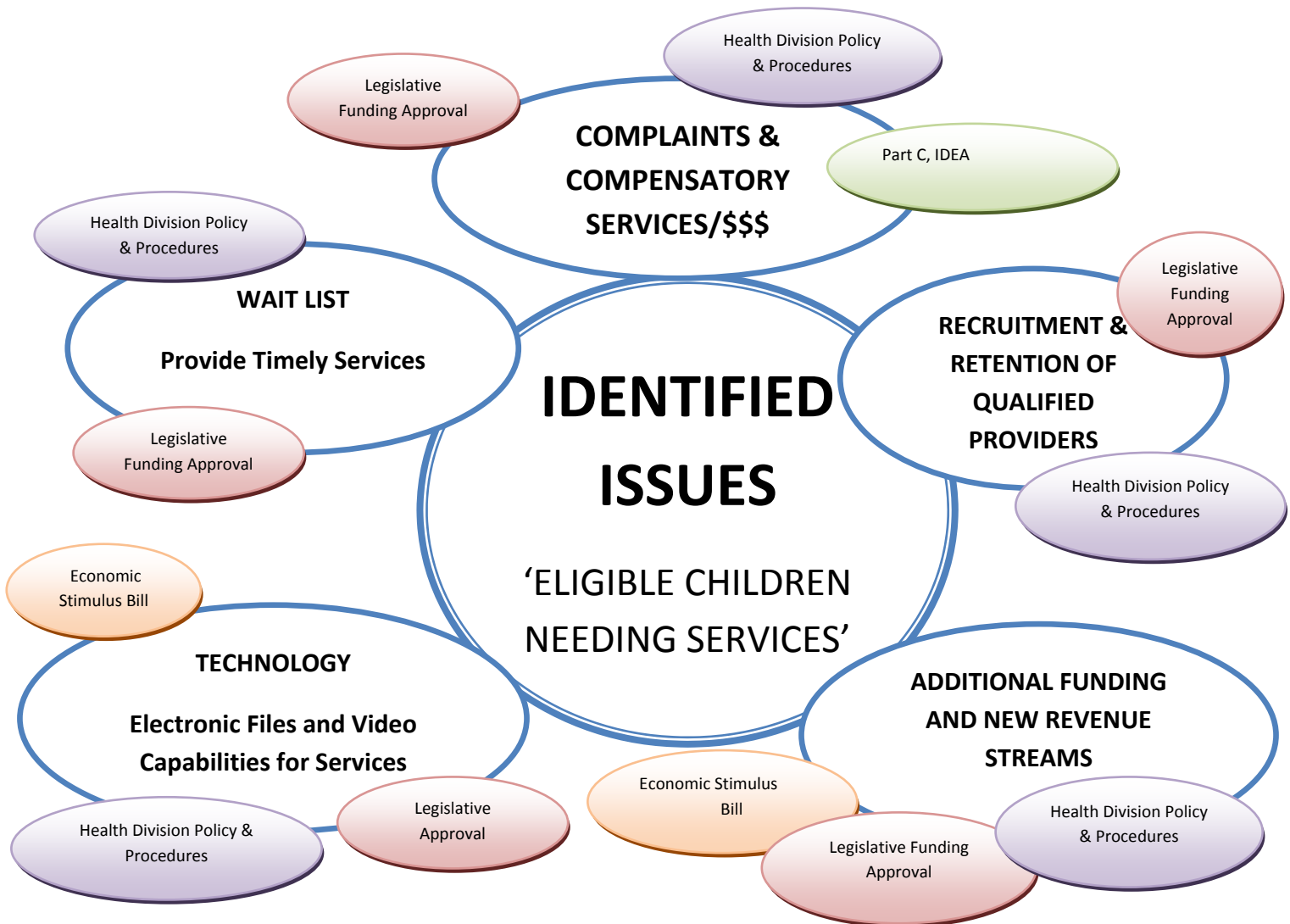
### **Help Their Child Develop and Learn**

<b>Statewide:</b>	331 Families responded to this question on the family survey reporting that early intervention services have helped their children develop and learn. <b>303 responses out of 331 were Strongly Agree or Agree for a percentage of 92%.</b>
<b>NEIS Northwest:</b>	<b>107 responses out of 115 were Strongly Agree or Agree for a percentage of 93%.</b>
<b>NEIS Northeast:</b>	<b>19 responses out of 21 were Strongly Agree or Agree for a percentage of 90%.</b>
<b>NEIS South:</b>	<b>158 responses out of 177 were Strongly Agree or Agree for a percentage of 89%.</b>
<b>Easter Seals of Southern NV:</b>	<b>6 responses out of 8 were Strongly Agree or Agree for a percentage of 75%.</b>
<b>REM Nevada:</b>	<b>13 responses out of 13 were Strongly Agree or Agree for a percentage of 100%.</b>



## CHALLENGES

In introducing this section, this chart identifies the most critical issues affecting early intervention services system including the resolution of complaints and compensatory services, recruitment and retention of qualified providers, additional funding and new revenue streams, technology enhancements and providing timely services.



### Children with IFSPs Waiting for Services

Early intervention has seen a 92.6% increase in referrals from SFY04 to SFY08. Of those referred, there has been an overall increase of 78.3% in children found eligible. Funding has not kept up with the number of children made eligible and Nevada currently has a waiting list for services.

In November 2005, Nevada's Early Intervention Interagency Coordinating Council recommended that early intervention programs provide appropriate early intervention services within 30 days of the parents signing the IFSP. In State Fiscal Year 2008, the early intervention programs started experiencing slippage in providing service within 30 days of the development of the IFSP. The early intervention programs were budgeted in SFY08 to provide services to an additional 79 children statewide, when in reality the programs had an additional 598 children with IFSPs. In SFY09, the early intervention programs are budgeted to provide services to 2 additional children.

On June 25, 2008, data was pulled from the Tracking Resources and Children (TRAC) Data System. There were 502 children (unduplicated count) that had waited greater than 30 days for 640 services. Only the state operated programs were collecting these data at this time. Part C, IDEA Office plans to work with Easter Seals of Southern Nevada and REM Nevada to collect these data in SFY09.

On September 30, 2008, there were 453 children (unduplicated count) who waited greater than 30 days for 568 services. It was originally planned to pull these data on a quarterly basis, but with the acceleration of the number of children waiting, these data are now being pulled on the last day of each month. On December 31, 2008, the number of children waiting over 30 days increased to 566 children.

**This table shows the number and type of services children are waiting for, as well as the number of children waiting**

Service Type	June 25, 2008	September 30, 2008	October 31, 2008	November 30, 2008	December 31, 2008
Audiology	13	8	8	8	9
Developmental Therapy (Special Instruction)	349	405	425	494	490
Family Training and Counseling	2	4	4	4	4
Intensive Behavioral Services	36	45	34	41	33
Medical Services	2	2	2	1	1
Nutrition	12	10	8	14	21
Occupational Therapy	60	22	27	39	48
Physical Therapy	37	7	4	10	14
Service Coordination	0	0	3	5	2
Speech/Language Therapy	128	53	68	42	75
Transportation and Related Costs	0	1	0	0	0
Vision Services	1	11	5	7	7
NUMBER OF SERVICES	640	568	588	665	704
NUMBER OF CHILDREN WAITING	502	453	480	541	566

**As of December 31, 2008-Number of children waiting for services by region with the number of days waited per service**

Service Type	SNEIS	NwNEIS	NeNEIS	Total	Length waiting
Audiology	5	4	0	9	64-330
Developmental Therapy (Special Instruction)	359	128	3	490	31-392
Family Training and Counseling	4	0	0	4	142-261
Intensive Behavioral Services	33	0	0	33	34-329
Medical Services	1	0	0	0	1
Nutrition	14	6	1	21	46-218
Occupational Therapy	28	18	2	48	31-187
Physical Therapy	9	4	1	14	31-105
Service Coordination	0	0	2	2	46-88
Speech/Language Therapy	15	60	0	75	31-372
Vision Services	7	0	0	7	47-344
NUMBER OF SERVICES	475	220	9	704	
NUMBER OF CHILDREN WAITING	403	157	6	566	

On July 16, 2008, Nevada Disability Advocacy Law Center filed an administrative complaint with the Part C, IDEA Office on behalf of all eligible children related to timely delivery of services on their Individualized Family Service Plan (IFSPs). Children are waiting 4-6 months for early intervention services. Part C IDEA office is charged with the investigation of this complaint. Early intervention programs are required to correct non-compliance findings no later than one year from the issuance of the report (December 4, 2009). The number of complaints secondary to non-compliance and wait lists will continue to grow over this biennium, should the Governor's proposed budget not be approved.

Federal regulations governing Part C, IDEA emphasize the importance of the lead agency (Department of Health and Human Services) to resolve child and systemic complaints in a way that provides individual relief when the lead agency finds a failure to provide appropriate early intervention services to an infant or toddler with a disability and family. Possible remedies may include monetary reimbursement to the parents, an award of compensatory services or other corrective actions appropriate to the needs of the child and family. Compensatory services as remedy could, if determined appropriate, be available after a child is no longer receiving services under Part C, IDEA and independent of any current right the child may have to a free appropriate public education. The chart below estimates the compensatory costs based on the number of children waiting as of November, 2008.

**ESTIMATED COMPENSATORY SERVICES PER MONTHLY COSTS BY REGION ( Prepared November 2008)**

REGION	MONTHLY COST	4 MONTHS COST	6 MONTHS COST
SOUTHERN	\$112,490.75	\$449,963.00	\$674,944.50
NORTHWEST	\$48,483.50	\$193,934.00	\$290,901.00
NORTHEAST (RURAL)	No Significant amount at this time		
PROJECTED STATEWIDE TOTALS	\$160,974.25	\$643,897.00	\$965,845.50

**Recruitment and Retention Issues**

Early Intervention programs are experiencing a shortage of specialized providers including speech and language pathologists, physical and occupational therapists, developmental specialists, audiologists, vision specialists, etc. All

Early Intervention programs advertise and recruit for these positions frequently during the course of a year. Additional funds are necessary to retain these specialized personnel. Currently Early Intervention programs are unable to retain experienced personnel without increased funds to match the competitive salaries offered by school districts and other county agencies.

## **GOVERNOR'S DECISION UNITS 2010 & 2011**

### **Highlights:**

Governor's Proposed Budget includes child caseload growth, salary cuts of 6%, loss of longevity pay and merit step increases, and reduction in insurance subsidy. Currently, BA 3208 is authorized for 180.39 FTE state positions; the Governor's Budget is recommending 178.39 FTE state positions (one elimination-E605; one transfer-E923).

### **Caseload Growth**

Decision Unit 200—Additional contracted services	2010	2011
Additional 95 children in 2010	\$ 920,304	
Additional 155 children in 2011		\$1,814,540

## **GOVERNOR'S DECISION UNITS 2010 & 2011 CONTINUED**

### **Caseload Growth**

Decision Unit 201—Additional contracted services	2010	2011
Approx. 669 children waiting for services since 2009	\$2,806,383	\$4,867,065

### **Cost Allocations**

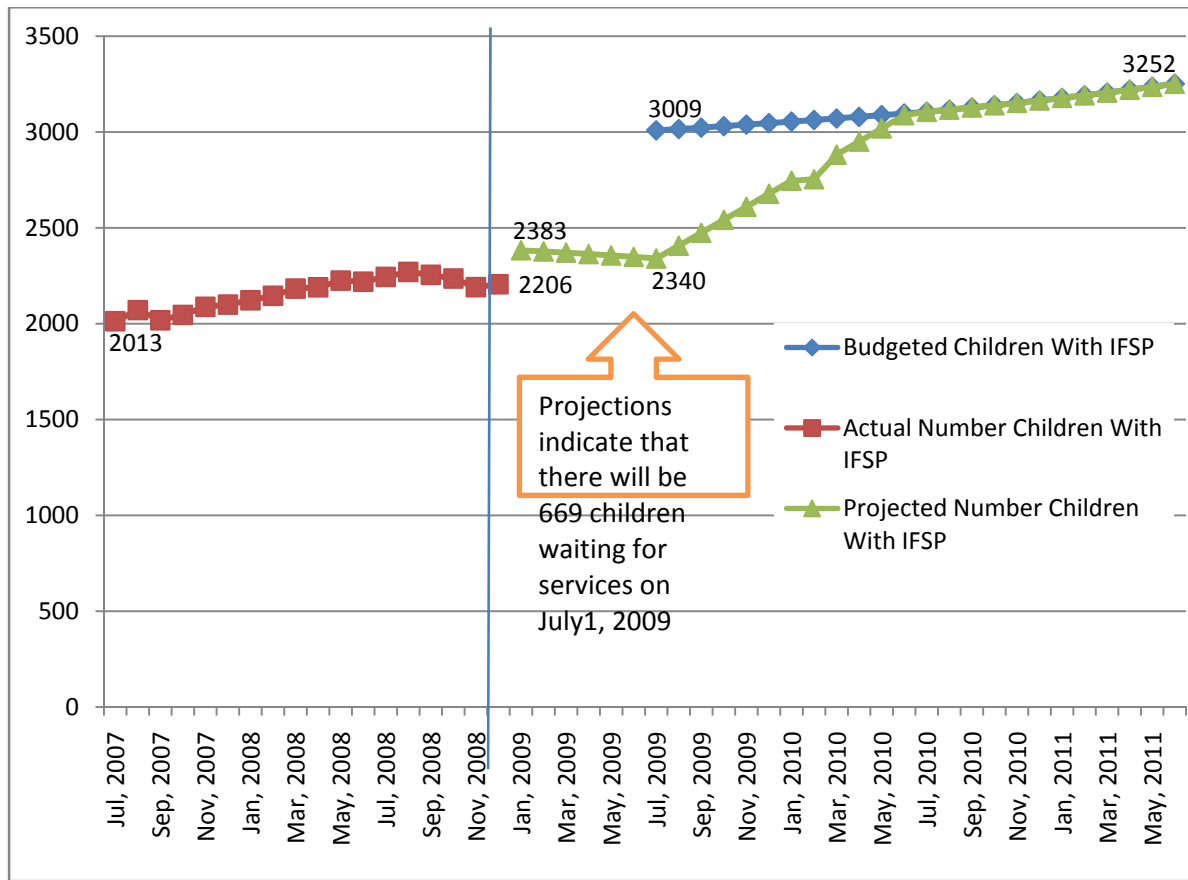
Decision Unit 800- Funds Health Division's Administrative Cost Allocation	2010	2011
Moves funding from contracted services to fund Health's administrative costs	\$799,775	\$767,990

## Enhancement Units

Decision Units	2010	2011
Decision Unit E 605-Eliminates Prog. Manager in Reno	-\$109,112	-\$109,599
Decision Unit 670- 6% Salary Reduction	-\$632,815	-\$650,561
Decision Unit 671- Suspends Step Increases	-\$171,643	-\$435,625
Decision Unit 672- Suspends Longevity Pay	-\$36,975	-\$41,500
Decision Unit 673- Reduces Insurance Subsidy	-\$276,132	-\$339,388
Decision Unit 923- Moves ASO from Early Intervention, BA 3208 to Health Administration, BA 3223	-0-	-0-

## M200

Based on the projected growth factor of approximately 1.8%, funding is being added to serve 95 children in 2010 and an additional 155 children in 2011



## M201

On December 31, 2008, there were 566 children statewide waiting for early intervention services.

Projections indicate that there will be 669 children waiting for services on July 1, 2009.

Funding is being added to correct this non-compliance

